

| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">A</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div> | | | | | | | SERIAL NO. 09/988499 APPLICANT(S) | | FILING DATE | | |
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